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ABSTRACT

In accordance with the goals of the Rehabilitation Counselor Education (RCE) accreditation movement, the Council On Rehabilitation Education (CORE) contracted the research aspects of the accreditation project to the University of Wisconsin-Regional Rehabilitation Research Institute to develop a series of data gathering instruments to assess, objectively, the RCE programs that seek accreditation. These instruments included graduate and student questionnaires that were developed to evaluate important input, process and outcome variables. This paper is concerned with the results of these two respondent groups. Results indicate that students and graduates appear most satisfied with the clinical practicum experience and least satisfied with the inability of the curriculum to allow for specialization within the profession (administration, etc.). Opinions of graduates and current students were very similar, and the study clearly indicates that what students perceive as strengths and weaknesses in their training programs does not change once they leave school. (Author/HMV)

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Evaluation and Accreditation: Perceptions of Rehabilitation Counseling Students and Graduates

by James F. Scorzelli

In accordance with the goals of the Rehabilitation Counselor Education (RCE) accreditation movement, the Council On Rehabilitation Education (CORE) contracted the research aspects of the accreditation project to the University of Wisconsin-Regional Rehabilitation Research Institute to develop a series of data gathering instruments to assess objectively the RCE programs that apply for accreditation. Two of these instruments were graduate and student questionnaires that were developed to evaluate important input, process and outcome variables. This paper is concerned with the responses of these two responsent groups.

Demographic Characteristics of the Graduates

A previous University of Wisconsin-RRI study that surveyed the perceptions of 899 RCE graduates for the academic years 1969, 1970 and 1971 indicated that the graduates, as a whole, had certain characteristics in common. Of those graduates surveyed, 8[illegible]% were employed full-time when they responded to the questionnaire, and of those employed full-time, 88% were holding jobs in rehabilitation related work. Although not a majority, the most frequently reported rehabilitation employment setting was the state vocational rehabilitation agency (41.6%). In addition, most of the graduates were males, under 35 years of age, and white. They had been full-time students when attending their RCE programs, and listed Rehabilitation Services Administration stipends as their primary means of support. Other characteristics in common were that 52% of the respondents had majored either in psychology or the social sciences as undergraduates, and 43% said that a separate department in rehabilitation counseling would be the best organizational arrangement for rehabilitation education.

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The remainder of this paper will consist of a discussion of the perceptions of approximately 1400 RCE students and graduates surveyed during the final pre-test of the instruments in 1973.

Perceptions of Students and Graduates

A cursory inspection of the means across items for the 14 different subscales (refer to Table 1) indicated a lack of any apparent differences in the responses of the graduates and current stuents. The degree of association between these ratings was also high, with a gamma coefficient of .722 ($p < .01$). Further consideration of the responses to individual items within subscales also supports this conclusion since a majority of the items had less than a .5 variability between their ratings. In general, they were rated at least adequate. The only exception to this general trend was the finding of a sigrificant difference in the responses of the graduates and students on the adequacy of financial assistance, whereas students rated the item much lower than did the graduates. This would be expected in view of the current federal priorities.

In order to get further information about the perceptions of these respondents about their RCE programs, the items ranked the highest and lowest were considered (refer to Tables 2 & 3). As indicated, the two lowest components rated by both groups were "Group Counseling," and "Opportunity for student to specialize in professional function (e.g., evaluation, administration, etc.)." Closely following these items were: "Opportunity to specialize in type of disability," and a series of items concerned with student activities. This may indicate that based on the perceptions of the students and graduates, the RCE programs are training generic rehabilitation counselors, and may not be encouraging the participation

in student activities. Finally, the moderately low ratings given to "RCE program assistance to agency clinical practice supervisors," may indicate that the programs could be more concerned with in-service training of their support personnel.

The items that were rated the highest by both groups (Table 3) were mainly clustered in the areas of "Clinical Instruction," and "RCE Faculty." In fact, it can generally be stated that the students and graduates appeared to be the most satisfied with the clinical practicum experience, and this supports the results of earlier studies during the initial development of the instruments. The highest ratings were given to "Retention of students," and "Client-center therapy." With respect to the latter, client-center therapy still appears to be the major emphasis of individual counseling strategies in most of the rehabilitation counseling programs. Finally, although not as high as most of these items, both respondent groups indicated that the "Core Curriculum" of the programs was more than adequate.

Conclusion

Although previous research on Rehabilitation Counselor Education programs has suggested that they could be differentiated by either a vocational rehabilitation or counseling psychology orientation, the results of this survey indicates the contrary. The consistency among the ratings indicates an equal emphasis in the present RCE programs, implying a counselor-coordinator model. Furthermore, the results clearly demonstrate that what students perceive as strengths and weaknesses in their training programs do not change once they leave, and this counter-indicates those former studies that have reported the occurrence of a "reality shock" among rehabilitation counseling graduates.

Table 1

Mean Ratings and Relative Ranks of RCE Subscales as Evaluated by Current Students and Graduates

Subscales	Students		Graduates	
	Mean	Rank	Mean	Rank
Campus (Institution)	2.9	13	2.7	13
Organization-Administration	3.1	10.5	3.0	11.5
RCE Faculty	3.6	2	3.5	2
Applicants	3.2	7.5	3.2	6
Students	3.3	5	3.2	6
Academic Program	3.2	7.5	3.1	9
Clinical Instruction	3.5	3.5	3.3	4
Academic Instruction (curriculum)	3.5	3.5	3.4	3
Academic Instruction (counseling)	3.2	7.5	3.1	9
Non-Counseling Treatment Skills	3.1	10.5	3.2	6
Indiv. Counseling Strategies	3.2	7.5	3.1	9
Group Counseling Strategies	2.7	14	2.5	14
Emphasis on Special Populations	3.0	12	3.0	11.5
Professional and Community Contributions	3.9	1	3.8	1

Ratings: Exceptionally adequate-5, More than adequate-4, Adequate-3, Minimally adequate-2, Inadequate-1

Table 2

Mean Ratings and Relative Ranks of Items Rated Lowest by Current Students and Graduates

	Students	Graduates	
	Mean	n	Composite Rank
Scale-Students			
Interaction with other students	2.8	2.8	12
Student organizations	2.7	2.7	7
Membership in professional associations	2.8	2.8	12
Scale-Clinical Instruction			
Assistance to agency supervisor	2.9	2.7	12
Scale-Academic Program			
Disability specialization	2.7	2.6	5.5
Specialization in rehab. function	2.4	2.2	2.5
Remedial resources	2.6	2.6	4
Scale-Applicants			
Student organizations	2.7	2.7	7
Scale-Indiv. Counseling Strategies			
Trait factor	2.8	2.7	10
Transactional	2.8	2.6	7
le-Group Counseling			
seeking	2.6	2.4	3
Family	2.4	2.3	1.5
Encounter	2.7	2.6	5.5

Ratings: Exceptionally adequate-5, More than adequate-4, Adequate-3, Minimally adequate-2, Inadequate-1

Table 3

Mean Ratings and Relative Ranks of Items Rated the Highest by Current Students and Graduates

Items	Students	Graduates	Composite Rank
Scale-Professional & Community			
Faculty and professional leadership	3.9	3.8	10
Scale-Students			
Rehab. Counseling potential	3.7	3.6	14
Program satisfaction w/students	3.6	3.4	20
Interaction w/students in program	3.8	3.9	3.5
Retention of students	3.9	3.9	1.5
Scale-Clinical Instruction			
General effectiveness	3.7	3.6	14
Effective knowledge & skills	3.7	3.6	14
Effective rehab. practices	3.7	3.5	17.5
Exposure to agencies	3.7	3.7	10
Extent of Experience	3.9	3.8	3.5
Quality of Experience	3.8	3.7	7
Agency co-op. with RCE	3.7	3.6	14
Appr[illegible]ness of sites	3.7	3.6	14
Sc[illegible]mic Program			
Relevance of core	3.6	3.5	19
Scale-RCE Faculty			
Qualifications	3.8	3.7	7
Credentials & Contributions	3.9	3.7	5
Voc. Rehab. orientation	3.8	3.7	7
Moral & job satisfaction	3.8	3.5	17.5

Table 3 (cont.)

Items	Students	Graduates	
	Mean	Mean	Composite Rank
Acessibility to students	3.7	3.7	10
Scale-Indiv. Counseling			
Client-centered therapy	3.9	3.9	1.5

Ratings: 5-Exceptionally adequate, 4-More than adequate, 3-Adequate, 2-Minimally adequate, 1-Inadequate